

REGISTRATION FORM
Corinth, Vermont
Pre-register by July 15th
Reenactors: \$5.00 under 12 is free
Checks payable to: 1st Vt Cavalry, Company D

Check applicable: Confederate Union Dismounted Cavalry
Check applicable: Infantry Cavalry Medical
 Civilian Artillery Sutler

UNIT NAME _____

CONTACT NAME _____

ADDRESS _____

CITY _____ State: _____ Zip Code: _____

PHONE: Daytime: _____ Evening: _____

Email: _____

Checks payable to: 1st Vt Cavalry, Company D

Mail registration to: Barbara Watts
30 Swamp Road
Topsham VT 05076-3035
Email: Barbara.Watts@state.vt.us
Phone: 802-439-5647 after 7 pm

Number of all troops: _____ Number of all Civilians: _____ Other: _____

Campsite Information:

of Dog/Shelter Tents: _____ # of Wall tents: _____

of Wedge/A Frames: _____ # of Hospital tents: _____

Cook Tent: Yes No

of Horses: _____ Proof of negative Coggins required upon arrival at site.

Meals will be available at a reasonable cost. Indicate your meals: **(Note if you sign up and don't show you will be charged.)**

_____ Sat Breakfast _____ Sunday Breakfast _____ Saturday Dinner

Please list those attending on the reverse of this form.

